

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037013
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 64

FILED SEP 19 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stella</u> | | c. CITY OR TOWN <u>Neosho</u> | |
| Length of stay in 1b <u>3 weeks</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cardwell Memorial Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>1315 Broadway</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Henry</u> Last <u>Skelton</u> | | 4. DATE OF DEATH Month <u>September</u> Day <u>3</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-2-1871</u> |
| 9. AGE (last birthday) <u>92</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 11. BIRTHPLACE (City and state or country) <u>Carroll County, Ark.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>John Skelton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | |
| 17. INFORMANT <u>May Weston</u> | | Address <u>Neosho, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Ischemic degeneration</u> Chronic <u>myocarditis</u> <u>atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>atherosclerosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>6:40</u> a.m. p.m. Month, Day, Year <u>9-3-63</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Neosho, Missouri</u> | |
| 21. I attended the deceased from <u>1762</u> to <u>9-3-63</u> and last saw him alive on <u>9-3-63</u> Death occurred at <u>6:40</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deedee or title) <u>D. J. Jounlan</u> | | 22b. ADDRESS <u>1001 N. 1st</u> | |
| 22c. DATE SIGNED <u>9-9-63</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9-5-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Neosho, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Clark Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>9-10-63</u> | |
| ADDRESS <u>Neosho, Mo.</u> | | 26. REGISTRAR'S SIGNATURE <u>M. M. Moberly</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 27 1963

SEP 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood
Heasler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.